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TRANSMITTAL
FORM

		Application Number	09/760,917
		Filing Date	January 16, 2001
		First Named Inventor	Mohamed M. Haq
		Art Unit	3626
		Examiner Name	Najarian, Lena
Total Number of Pages in This Submission	20	Attorney Docket Number	65001B-2

(To be used for all correspondence after initial filing.)

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final (15 pages) <input type="checkbox"/> Affidavit(s)/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s); (please identify below) 1) Request For Change Of Attorney Docket Number (1 page)	
Remarks The Director is hereby authorized to charge any additional fees or underpayments and to credit any overpayments to Deposit Account No. 50-2811. A duplicate copy of this form is attached for that purpose.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Marc A. Sockol Thelen Reid Brown Raysman & Steiner LLP 2225 East Bayshore Road, Suite 216 Palo Alto, CA 94303		
Signature			
Printed Name	Marc A. Sockol		
Date	March 12, 2007	Reg No	46,823

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Marion Dick
	Date
	March 12, 2007

This collection of information is required by 37 CFR 1.16. This information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **20** Attorney Docket Number **650016-2****ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Alter Final (15 pages)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1) Request For Change Of Attorney Docket Number (1 page)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<p>Remarks: The Director is hereby authorized to charge any additional fees or underpayments and to credit any overpayments to Deposit Account No. 50-2811. A duplicate copy of this form is attached for that purpose.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Marc A. Sockol Thelen Roth Brown Rasmussen & Steiner LLP 2225 East Bayshore Road, Suite 210 Palo Alto, CA 94303	
Signature		
Printed Name	Marc A. Sockol	
Date	March 12, 2007	Reg. No. 40,823

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Signature	Marion Dick		
Typed or printed name	Marion Dick	Date	March 12, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

Complete if Known

Application Number	09/780,917
Filing Date	January 16, 2001
First Named Inventor	Mohamed M. Haq
Examiner Name	Najwan Lena
Art Unit	3525
Attorney Docket No	850015-2

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account: Deposit Account Number: 50-2811 Deposit Account Name: Theisen Reid Brown Raysman Steiner LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims		Fee Paid (\$)	Small Entity	
	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)
23	- 20 or HP = 3	x 0 = 0	= 0	50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims		Fee Paid (\$)	Multiple Dependent Claims	
	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)
2	- 3 or HP = 2	x 0 = 0	= 0	0	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x 0 = 0	= 0	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

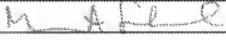
Other (e.g., Late filing surcharge) : _____

Fee Paid (\$)

0

0

SUBMITTED BY

Signature		Registration No. 40,823 (Attorney/Agent)	Telephone 610 626 9911
Name (Print/Type)	Matt A. Storkel	Date	March 12, 2007

This application or information is required by 37 CFR 1.126. The information is required to obtain or retain a benefit by the public which is or will be provided by the USPTO in processing an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the requested collection to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

**FEE TRANSMITTAL
for FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$)

Application Number	09/760,917
Filing Date	January 16, 2001
First Named Inventor	Mohamed M. Hsia
Examiner Name	Najwanan, Lena
Art Unit	3626
Attorney Docket No	650016-2

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 50-2811 Deposit Account Name: Thelen Reid Brown Flaysman Steiner LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

FILING FEES	SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200
Design	200	100	100	50	130
Plant	200	100	300	150	160
Reissue	300	150	500	250	690
Provisional	200	100	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

FILING FEES		SEARCH FEES		EXAMINATION FEES		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
23	-20 or HP=	38	x 0 =	0	50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
2	- 3 or HP=	2	x 0 =	0	0	0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

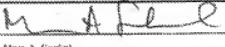
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	0	= 0

4. OTHER FEE(S)

Non-English Specification, \$150 fee (no small entity discount)

Other (e.g., late filing surcharge): _____ Fees Paid (\$): 0 0**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	40,623	Telephone	500.356.3911
Name (Print/Type)	M. A. Sosik			Date	March 12, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to be given by the USPTO to anyone who applies. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

OR COMPLETED FORMS TO T195 ADORE165, BEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
 If you need assistance in completing this form, call 1-866-PTO-9799 (1-866-786-9799) and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Examiner: Najarian, Lena

Mohamed M. Haq Art Unit: 3626

Serial No.: 09/760,917

Filed: January 16, 2001

Title: A COMPUTER SYSTEM FOR ASSISTING A PHYSICIAN

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

Sir:

This is to inform you that the Attorney Docket Number for the above-referenced matter, has been changed from 50016-2 to 650016-2.

Respectfully submitted,

Date: March 12, 2007

By:

Marc A. Sockol
Registration No. 40 823

Thelen Reid Brown Raysman & Steiner LLP
2225 East Bayshore Road, Suite 210
Palo Alto, CA 94303
Tel: (650) 856.3911
Fax: (650) 856.3919